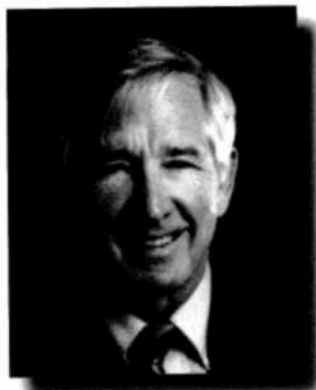


NOTES ON THE ANNUAL SCIENTIFIC SESSION AT THE HAWAII MEDICAL ASSOCIATION MEETING 2005



BY RUSSELL T. STODD MD



As trucker Larry Fortensky, Elizabeth Taylor's eighth husband, probably said after the wedding, "I know what my job is here, but I just don't know how to make it interesting." In any case, please read on.

The 149th annual meeting of the Hawaii Medical Association was held at the Hawaii Convention Center in Honolulu. It was superlative in every way, but like so many of our annual meetings, was enjoyed by too few

members. The meeting combined an excellent education program, a meeting of the House of Delegates and a marvelous Ola Pono Ike inauguration dinner program. The dinner party featured a speech by Governor Linda Lingle, and a warm address from both the outgoing HMA President Inam Rahman MD, and the new President Patricia Blanchette MD. American Medical Association Trustee Rebecca Patchin did the honors of the swearing-in ceremony. The festivities included a wine tasting party and silent auction. Dr. Thomas Kosasa MD, and his committee did a marvelous job of planning and organizing this OlaPonoIke gathering. A good time was had by all.

The education planning committee co-chairpersons, Kalani Brady MD and Myron Shirasu MD, constructed a marvelous one and a half day session. They titled the program Hot Topics in the Tropics, with one half of the education program devoted to medical/legal matters and the other half dedicated to current clinical material.

Long time friend and former HMA member, John (Jack) Lewin MD, CEO of the California Medical Association and Louis J. Goodman PhD, EVP of the Texas Medical Association, presented a summary of the medical liability crisis in America. The presentation was definitely upbeat and they forecast genuine legislative progress. Both emphasized that it takes constant work and attention since the trial attorney associations are so well organized and funded, and are always ready to challenge any tort reform action. The speakers provided a framework for legislative change for the state of Hawaii.

Dr. Steve Hambleton MBBS, President of the Australian Medical Association, described how the medical community designated one-day-off from their work schedule each month to educate the public and politicians about the crisis in medical liability. The AWOL day worked to stimulate and organize the physicians as well as to provide an agenda for action. His account was much to the point and very listenable. Dr. Maryse Badawy MBBS, past President of the Gold Coast Medical Association, a general practice physician in Australia, gave interesting presentations in both morning and afternoon sessions, describing her experience as a family physician, the medical liability crisis, and what she perceives as possible

remedies. The Australian contingency was well received and had interesting stories to relate.

Stephen Foreman, PhD, JD, MPA from Pennsylvania, described the incoming plan of pay for performance which CMS is determined to establish. The interesting part is projecting what the parameters and appropriate yardsticks for measuring performance will be. The balance of the morning session on the medical/legal side was a panel entitled *Reclaiming our Profession*. Drs. Maryse Badawy, Patricia Blanchette, Steve Hambleton, Philip Hellreich and Gerald McKenna contributed to a lively plenary session, analyzing what factors have manipulated medical practice to where it is today. The key issues for regaining control of medical care were discussed, and what methods might be undertaken.

Jack Lewin MD, Louis J. Goodman PhD, and Timothy B. Norbeck, Executive Director of the Connecticut Medical Association, returned in the afternoon on the matter of improving patient safety and quality of care. The matter of electronic medical records and health information technology represent the future for good medical practice. As President of the *Physicians Foundation for Health Systems Excellence and Health Systems Innovations*, Timothy Norbeck explained how the Foundation can assist physicians in their practice, and in helping physicians relate to the demands of electronic records. We all must get tooled up for it.

The Saturday PM portion of the medical/legal program concluded with an update on litigation and compliance with Aetna/CIGNA lawsuits by Joseph Guglielmo, Esq. In particular the speaker described how the settlement of the lawsuit with Aetna/Cigna will benefit physicians. Aetna/CIGNA will comply with AMA CPT codes, will recognize designated CPT add-on codes, have no automatic down codes, gag clauses will be prohibited, recommended vaccines and injections will be reimbursed, and claims will be processed in 30 days with fewer payment rules. (This is a subject your reporter would feel sanguine about save for the fact that a physician [one of 700,000] filing appropriate papers might receive a check for \$200 as part of the half billion dollar settlement, while the attorneys for the class action suit were awarded approximately \$50 million by both Aetna and CIGNA. Successful class action lawsuits are a trial attorney's happiest dream.)

Sunday AM medical/legal program featured a panel on tort reform with nine participants, Mark Bennett Esq., Louis J. Goodman PhD, Dr. Steve Hambleton MBBS, Philip Hellreich MD, Jack Lewin MD, Gerald McKenna MD, Timothy Norbeck, Rebecca J. Patchin MD, and Wayne Parsons Esq. The discussion covered many aspects of tort reform, but was made more amusing by attorney Parsons who parroted the standard trial attorney "good guy protect the victim" image and the oft repeated and totally refuted arguments blaming the insurance industry.

The clinical sessions were kicked off with a terrific offering by Richard L. DeJournett MD. Digital imaging has rapidly become the standard mechanism, and two dimensional films are history. The new techniques allow 3-D studies with rotating XYZ axes, and views of the pathology are remarkably clear and understandable for both doctor and patient. Fusion imaging with CT/PET software manipulation can reveal a concentration of cancer cells before the tumor spreads. Moreover, fusion scanning can monitor therapy by distinguishing recent changes from post therapy changes. Multi detector CT can also evaluate cardiac function and show vessel stenosis and patency, stroke volume, muscle wall thickness, etc. Virtual colonoscopy is also a new tool for non-invasive evaluation of bowel disease. An excellent session.

Laurie K.S. Tom MD, presented current diabetes medications and new technical devices to monitor individuals for better control. Diabetes costs the USA \$132 billion annually and amounts to 10% of health care dollars and 40% of Medicare dollars. Combining mechanisms of action of drugs, together with a program of exercise and weight loss, can greatly assist care of diabetics. Medication delivery systems such as inhaled insulin and various types of insulin pumps provide faster and longer action for hyperglycemia control. GLP-1 (Glucagon-like Peptide-1), an incretin hormone secreted in the gut enhances insulin response to food. Leveraging the therapeutic potential of GLP-1 with medication can be useful as adjunctive therapy. Her talk was rather technical, but current and topical.

Liz Tam MD, of John A. Burns School of Medicine brought out hot topics in asthma. She discussed the role of nitric oxide and increases related to bronchial wall inflammation. These data can be especially useful in achieving the optimal dose of medication. The role of ETS (environmental tobacco smoke) has been noted in both introduction and exacerbation of asthma. ETS not only worsens asthma, it also causes it and can block the effects of medication. By carefully avoiding triggers, dependence upon steroids can be greatly reduced.

David C. Kibbe MD, is the director of Center for Health Information Technology for the American Academy of Family Physicians (AAFP), and works out of Washington, D.C. The center is the locus of the AAFP's technical expertise. Dr. Kibbe presented the advantages of an electronic health record system. EHRs can be very useful in improving workflow, conserving time and maintaining best practices of care. Any physician interested in working into EHRs can gain assistance from the Medicare Quality Improvement Organization. As stated earlier, this is the way all medical records will eventually have to go.

Patricia L. Blanchette MD, MPH, and John Hardman MD, both of the John A. Burns School of Medicine, combined to present an update on dementia, including Alzheimer's disease. Dr. Hardman provided illustrations on mechanism of neuronal loss, the abnormal protein interactions, and the neuro-degenerative cell loss. Sections of diseased brain tissue showed the results of Parkinson's, Alzheimer's, ALS, and CVA. Dr. Blanchette described the various diagnostic difficulties of tauopathies, Alzheimer's disease, Pick disease, ALS, Parkinson's, progressive supranuclear palsy and Downs syndrome.

There are new drugs for Alzheimer's disease recently approved by the FDA. Present research is with mouse models of neurodegenerative disease.

Cedric Akau MD, MPH, delighted the audience with an excellent description of sports injuries, laced with humor and excellent illustrations. In particular he described the effects of concussion and provided testing guidelines for evaluation. Football provides the most frequent concussion injury, but they also occur in wrestling, boys and girls soccer and basketball, and cheerleading. He presented the mechanism of joint injuries, especially noting anatomic gender differences. His talk included injury frequency, collated over seventeen years of caring for Punahou athletes. 65% of all injuries involve the lower extremity, especially the knee and ankle. Common risk factors include artificial turf, vigorous competition, and previous injury with inadequate rehabilitation. Great stuff!

The Saturday PM session concluded with another excellent presentation. Danny M. Takanishi Jr. MD, MPH, chairman of the department of surgery at John A. Burns School of Medicine, kept the audience entertained with clever patter and illustrations. In particular he noted the decrease in interest in general surgery among young physicians, and described the impact of duty hours occurring in post graduate education. Many surgery programs now must rely on foreign medical graduates to fill out schedules. He also described advances in minimally invasive surgery and even the research with robotic models.

The brief Sunday AM program was highlighted with an animated presentation by the always entertaining editor of the Hawaii Medical Journal, renowned dermatologist Norman Goldstein MD, FACP Laureate. He began his hot topic presentation with how to manage acne patients, and continued with psoriasis therapy, tinea and atopic disease. He discussed bleaching agents (ala Michael Jackson), eyelid pigments, hirsutism and melanosis. Actinic keratosis (don't call it senile) is still treated with 5-FU, and warts can be managed with any number of compounds, including green tea. Dr. Goldstein concluded with cosmetic dermatology, lasers, mos surgery, skin fillers and botox, which can be used to treat hyperhidrosis. Great program!

The concluding episode in the clinical program was a detailed and scholarly description of hot topics in lipid management by Terrence J. Moran MD, FACC, of Monterey, California, director of the Cardiac Rehabilitation Program and director of the Advanced Lipid Management Clinic at Community Hospital. He presented careful recommendations on how to manage LDL goals, with attention to coronary calcium, atherosclerosis, myopathy and the use of statins. Continuing on, Dr. Moran described how to manage low HDL, and endorsed the "Mediterranean Diet" which works to lower triglycerides, lower LDL, and raise HDL.

So, to anyone who took the time to read this far, this is but a scratch on the surface to describe an excellent medical/legal and clinical education program. It was a great effort by the staff and members of the Hawaii Medical Association and visiting faculty.